

<i>SERFF Tracking Number:</i>	<i>PHLX-125693244</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Philadelphia Indemnity Insurance Company</i>	<i>State Tracking Number:</i>	<i>#43159 \$100</i>
<i>Company Tracking Number:</i>	<i>PR AR0034802R01</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2022 Other</i>
<i>Product Name:</i>	<i>Health & Fitness</i>		
<i>Project Name/Number:</i>	<i>Health & Fitness/PR AR0034802R01</i>		

Filing at a Glance

Company: Philadelphia Indemnity Insurance Company

Product Name: Health & Fitness	SERFF Tr Num: PHLX-125693244	State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only	SERFF Status: Closed	State Tr Num: #43159 \$100
Sub-TOI: 17.2022 Other	Co Tr Num: PR AR0034802R01	State Status: Fees received
Filing Type: Rate/Rule	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts
	Author: SPI PhiladelphiaIndemnity	Disposition Date: 06/23/2008
	Date Submitted: 06/12/2008	Disposition Status: Filed
Effective Date Requested (New): 07/15/2008		Effective Date (New):
Effective Date Requested (Renewal):		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Health & Fitness	Status of Filing in Domicile:
Project Number: PR AR0034802R01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 06/23/2008	
State Status Changed: 06/17/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

The Philadelphia Indemnity Insurance Company files for your review, and where required approval, Rating Rule PI-HF-RU CW (03/08), which provides rating for a new Health and Fitness Professional Liability Coverage Form PI-HF-012 (03/08). This mandatory form provides coverage on an occurrence basis for damages arising out of an insured's providing professional services for, or on behalf of, any insured health and fitness club. Coverage applies to entities, as well as to individual employees of health and fitness clubs.

Coverage Form PI-HF-12 replaces our currently approved Health and Fitness Club Professional Liability Endorsement PI-HF-1 (1/95), which modifies the ISO Commercial General Liability Coverage Part. Please note that while coverage

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under the replaced form PI-HF-1 was included within the CGL Coverage Part Limit of Insurance, the enclosed Coverage Form PI-HF-012 contains its own Limit of Insurance.

We have made a small decrease in the General Liability rating for the Health and Fitness program in order to offset the charge for Coverage Form PI-HF-012. As a result this filing has no overall rating impact upon the program.

We would like to implement this filing on the earlier of July 15 2008 or the first date possible after receiving your Department's approval. We are making this filing concurrently in our domiciliary state of Pennsylvania.

Company and Contact

Filing Contact Information

Gary Corbi, Senior Compliance Analyst

One Bala Plaza

(610) 617-5980 [Phone]

Bala Cynwyd, PA 19004

(866) 374-1070[FAX]

Filing Company Information

Philadelphia Indemnity Insurance Company

CoCode: 18058

State of Domicile: Pennsylvania

One Bala Plaza

Group Code: 677

Company Type:

Suite 100

Bala Cynwyd, PA 19004

Group Name: Philadelphia
Insurance Companies

State ID Number:

(610) 617-7900 ext. [Phone]

FEIN Number: 231738402

Filing Fees

Fee Required? Yes

Fee Amount: \$100.00

Retaliatory? No

Fee Explanation:

Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
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<i>Company Tracking Number:</i>	<i>PR AR0034802R01</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2022 Other</i>
<i>Product Name:</i>	<i>Health & Fitness</i>		
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43159	\$100.00	04/01/2008	

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<i>Company Tracking Number:</i>	<i>PR AR0034802R01</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2022 Other</i>
<i>Product Name:</i>	<i>Health & Fitness</i>		
<i>Project Name/Number:</i>	<i>Health & Fitness/PR AR0034802R01</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	06/23/2008	06/23/2008

SERFF Tracking Number:	PHLX-125693244	State:	Arkansas
Filing Company:	Philadelphia Indemnity Insurance Company	State Tracking Number:	#43159 \$100
Company Tracking Number:	PR AR0034802R01		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2022 Other
Product Name:	Health & Fitness		
Project Name/Number:	Health & Fitness/PR AR0034802R01		

Disposition

Disposition Date: 06/23/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Philadelphia Indemnity Insurance Company	%	\$		\$	%	%	%

SERFF Tracking Number: PHLX-125693244 State: Arkansas

Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: #43159 \$100

Company Tracking Number: PR AR0034802R01

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2022 Other

Product Name: Health & Fitness

Project Name/Number: Health & Fitness/PR AR0034802R01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Rate/Rule Filing Schedule	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	Arkansas RATE filing letter	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Rate	Health and Fitness Professional Liability Rule Page	Filed	Yes

SERFF Tracking Number:	PHLX-125693244	State:	Arkansas
Filing Company:	Philadelphia Indemnity Insurance Company	State Tracking Number:	#43159 \$100
Company Tracking Number:	PR AR0034802R01		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2022 Other
Product Name:	Health & Fitness		
Project Name/Number:	Health & Fitness/PR AR0034802R01		

Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	Neutral
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Philadelphia Indemnity Insurance Company	%	%				%	%

SERFF Tracking Number:	PHLX-125693244	State:	Arkansas
Filing Company:	Philadelphia Indemnity Insurance Company	State Tracking Number:	#43159 \$100
Company Tracking Number:	PR AR0034802R01		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2022 Other
Product Name:	Health & Fitness		
Project Name/Number:	Health & Fitness/PR AR0034802R01		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Health and Fitness Professional Liability Rule Page	PI-HF-RU CW	New	PI-HF-RU CW.PDF

**Philadelphia Indemnity Insurance Company
Independent Professional Liability Forms
Health and Fitness**

The following independent professional liability forms are being filed countrywide for risks that are classified as health and fitness clubs.

1. Health and Fitness Professional Liability Coverage Form

- a. Description: This mandatory endorsement provides coverage for damages arising out of a professional incident related to services provided by health clubs and fitness centers. The Aggregate Limit for the Health and Fitness Professional Liability Coverage Form will be equal to the General Aggregate Limit under the General Liability Coverage Form. The Each Professional Incident Limit for the Health and Fitness Professional Liability Coverage Form will be equal to the Each Occurrence Limit under the General Liability Coverage Form.
- b. Form: PI-HF-012
- c. Premium Determination: Multiply .01 x the total General Liability premium

2. Health and Fitness Professional Liability Coverage Part Declarations

- a. Description: Attach the Health and Fitness Professional Liability Coverage Part Declarations.
- b. Form: PI-HF-012D
- c. Premium Determination: There is no premium charge.

SERFF Tracking Number:	PHLX-125693244	State:	Arkansas
Filing Company:	Philadelphia Indemnity Insurance Company	State Tracking Number:	#43159 \$100
Company Tracking Number:	PR AR0034802R01		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2022 Other
Product Name:	Health & Fitness		
Project Name/Number:	Health & Fitness/PR AR0034802R01		

Supporting Document Schedules

Satisfied -Name:	Rate/Rule Filing Schedule	Review Status:	Filed	06/23/2008
Comments:				
Attachment:				
	ARRRFS-1.PDF			

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Filed	06/23/2008
Comments:				
Attachment:				
	ARPCTDrules.PDF			

Satisfied -Name:	Arkansas RATE filing letter	Review Status:	Filed	06/23/2008
Comments:				
Attachment:				
	Arkansas RATE filing letter.PDF			

Bypassed -Name:	NAIC loss cost data entry document	Review Status:	Filed	06/23/2008
Bypass Reason:	n/a. not a loss cost adoption or rate change filing. Is a filing of new rates for a new coverage form.			
Comments:				

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing.)

1.	This filing transmittal is part of Company Tracking #	PR AR0034802R01		
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	PR AR0034802F01		
<input type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input checked="" type="checkbox"/> Rate Neutral (0%)				
3.	Overall percentage rate impact for this filing	None		
4.	Effect of Rate Filing – Written premium change for this program	None		
5.	Effect of Rate Filing – Number of policyholders	None		
6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval		
7.	Rate Change by Company			
	Company Name	Percentage Change	Effect of Rate Filing	
			# of policyholders for this program	Written premium change for this program
	None	None. New form		
8.	Overall percentage of last rate revision	None		
9.	Effective Date of last rate revision	None		
10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	None		
11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Rating Rule Pages	PI-HF-RU CW (06/08)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither	None
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return
7. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**DESCRIPTION OF ITEMS
IN THE PROPERTY AND CASUALTY
RATE/RULE FILING SCHEDULE**

- 1. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state
- 2. This filing corresponds to form filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one.

Use check boxes to indicate if this is a rate increase, a rate decrease or rate neutral.
- 3. Overall percentage rate impact for this filing:** This is the statewide average percentage change to the approved rates for the coverages included in the filing.
- 4. Effect of Rate Filing—Written Premium Change for this program:** This is the statewide change in written premium based on the requested overall percentage rate impact (#3).
- 5. Effect of Rate Filing—Number of policyholders:** This is the number of policyholders affected by the overall percentage rate impact (#3).
- 6. Filing Method (Prior Approval, File & Use, Flex Band, etc):** This is the review method for which the filing is being submitted. See State Specific Requirements.
- 7. Rate Change by Company:** If the filing is for multiple insurance companies, please indicate the changes by company.
- 8. Overall percentage of last rate revision:** This is the statewide average of the last percentage change implemented in the state.
- 9. Effective Date of last rate revision:** This is the implementation date of the last overall percentage rate impact.
- 10. Filing Method of Last Filing (Prior Approval, File & Use, Flex Band, etc):** This is the review method for which the last filing was submitted. See State Specific Requirements.
- 11. Component or Exhibit Name/Description/Synopsis:** This is the list of changes to the rate/rule manual.

Property & Casualty Transmittal Document

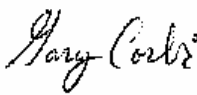
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only			
	a. Date the filing is received:			
	b. Analyst:			
	c. Disposition:			
	d. Date of disposition of the filing:			
	e. Effective date of filing:			
	f. State Filing #:			
g. SERFF Filing #:				

3. Group Name	Group NAIC #
Philadelphia Insurance Companies	0677

4. Company Name(s)	Domicile	NAIC #	FEIN #
Philadelphia Indemnity Insurance Company	PA	18058	23-1738402

5. Company Tracking Number	PR AR0034802R01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Gary Corbi, One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004	Compliance Analyst	(610) 617-5980	None	gcorbi@phlyins.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Gary Corbi		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.2 Other Liability - Occurrence
10. Sub-Type of Insurance (Sub-TOI)	17.2022 Other
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Health and Fitness Professional Liability Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 7/15/2008 Renewal: 7/15/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	June 12, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	PR AR0034802R01
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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The Philadelphia Indemnity Insurance Company files for your review, and where required approval, Rating Rule PI-HF-RU CW (03/08), which provides rating for a new Health and Fitness Professional Liability Coverage Form PI-HF-012 (03/08). This mandatory form provides coverage on an occurrence basis for damages arising out of an insured's providing professional services for, or on behalf of, any insured health and fitness club. Coverage applies to entities, as well as to individual employees of health and fitness clubs.

Coverage Form PI-HF-12 replaces our currently approved Health and Fitness Club Professional Liability Endorsement PI-HF-1 (1/95), which modifies the ISO Commercial General Liability Coverage Part. Please note that while coverage under the replaced form PI-HF-1 was included within the CGL Coverage Part Limit of Insurance, the enclosed Coverage Form PI-HF-012 contains its own Limit of Insurance.

We have made a small decrease in the General Liability rating for the Health and Fitness program in order to offset the charge for Coverage Form PI-HF-012. As a result this filing has no overall rating impact upon the program.

We would like to implement this filing on the earlier of July 15 2008 or the first date possible after receiving your Department's approval. We are making this filing concurrently in our domiciliary state of Pennsylvania.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: 43159 Amount: \$100.00 </div> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

Philadelphia Indemnity Insurance Company

June 12, 2008

Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

Subject: Philadelphia Indemnity Insurance Company
NAIC# 677-18058 FEIN# 23-1738402
Rule filing for use with a Health and Fitness Professional Liability Coverage Form
Line 17, Other Liability
Filing Number: PR AR0034802R01

Filing Fee of \$100.00

Dear Sir or Madam:

The Philadelphia Indemnity Insurance Company files for your review, and where required approval, Rating Rule PI-HF-RU CW (03/08), which provides rating for a new Health and Fitness Professional Liability Coverage Form PI-HF-012 (03/08). This mandatory form provides coverage on an occurrence basis for damages arising out of an insured's providing professional services for, or on behalf of, any insured health and fitness club. Coverage applies to entities, as well as to individual employees of health and fitness clubs.

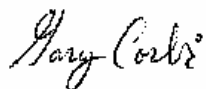
Coverage Form PI-HF-12 replaces our currently approved Health and Fitness Club Professional Liability Endorsement PI-HF-1 (1/95), which modifies the ISO Commercial General Liability Coverage Part. Please note that while coverage under the replaced form PI-HF-1 was included within the CGL Coverage Part Limit of Insurance, the enclosed Coverage Form PI-HF-012 contains its own Limit of Insurance.

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We would like to implement this filing on the earlier of July 15 2008 or the first date possible after receiving your Department's approval. We are making this filing concurrently in our domiciliary state of Pennsylvania.

Your acknowledgement and or approval will be appreciated. Please contact me at the phone number or e-mail address shown below if you have any questions or comments.

Sincerely,



Philadelphia Indemnity Insurance Company

Gary Corbi
Compliance Analyst
PHONE: 610-617-5980
gcorbi@phlyins.com